(b) whether all State Governments are following the policy; and

(c) if not. the action taken for violation of National Population Policy?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE {SHRI A. RAJA): (a) The Government has adopted the National Popuiation Policy (NPP) in February, 2000 which envisages certain National Socio-demographic goals to be achieved by 2010 for paving the way for a stable popuiation in the country by 2045, at a level consistent with the requirements of suitable economic growth and social development. It provides a policy framework for advancing goals and prioritizing strategies during the next decade, to meet the reproductive and child health needs of the people of India, and to achieve net replacement levels (TFR=2.1) by 2010. The policy affirms the commitment of the Government towards stablizing population of the country by allowing its citizens to make voluntary and informed decisions about their family size.

(b) So far. State population policies have been adopted by Andhra Pradesh {1997), Rajasthan (December, 1999), Madhya Pradesh (January, 2000), Uttar Pradesh (July 2000), and Gujarat (March 2002) with state specific goals and strategies. Disincentives proposed in the State Population Policies of Andhra Pradesh, Uttar Pradesh, Madhya Pradesh and Rajasthan are not in consonance with the principles of National Population Policy, 2000.

(c) The Department of Family Welfare does not support the policy of disincentives, as proposed in State Population Policies. Minister for Health and Family Welfare, has in his letter to Chief Ministers of all States/UTs dated 2nd August, 2002 emphasized the need for having a common conceptual framework while formulating State Population Policies and Strategies. Government of India has already constituted a 'National Level Resources Committee' with the objective of developing uniform approaches in the State Population Policies being formulated by the States.

HIV/AIDS patients in the country

1244. SHRI N. K. PREMACHANDRAN:
SHRI P. PRABHAKAR REDDY:
SHRI B.J. PANDA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the contents of US-based National Intelligence Council report relating to HIV/AiDS patients in India;

(b) the reaction of Government on the controversy cover the number of AIDS affected people in the country;

(c) the number of people died due to AIDS during the last three years and the estimated number of infected people in the country;

(d) anti-AIDS programmes of Government against spread of the disease; and

(e) whether Government find any vested interest behind the ill-advised report and the recently announced 100 million dollar grant by a foreign foundation?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) The recent repon of the National Intelligence Council (NIC) states that the number of people with HIV/AIDS will grow significantly by the end of the decade. The increase will be driven by the spread of the disease in five populous countries: Nigeria. Ethiopia. Russia, India and China, where the number of infected people will grow from around 14 to 23 million currently to an estimated 50 to 75 million by 2010.

It is reported that the HIV/AIDS is spreading at different rates in the five countries, with the epidemic being most advanced in Nigeria and Ethiopia. The official adult prevalence rate is almost 6 per cent in Nigeria, between 10 and 18 per cent in Ethiopia, around I to 2 per cent in Russia, around I per cent in India and 0.15 to 0.25 per cent in China. Heterosexual transmission of the HIV virus is the primary mode to spread In Nigeria, Ethiopia and India-while Intravenous drug use drives the spread of the disease in Russia. Several factors are driving the epidemic in China — the large migrant population, Intravenous drug users and poor hygiene in plasma sales.

The National AIDS Control Organisation, Government of India conducts Nation wide HIV Sentinel Surveillance every year during the period August—October. This data is also used to estimate the burden of HIV infections in the country in the adults population between 15— 49 years of age group by taking certain assumptions into consideration. Based on the HIV Sentinel Surveillance data from 2001, estimate of 3.9? million HIV infections was made. As such, Government does not agree with the NIC (National Intelligence Council) report.

(c) 1372 deaths due to AIDS have been reported to National AIDS Control Organisation during last three years. Based on annual round of HIV Sentinel surveillance 2001, it is estimated that there are 3.97 million HIV infections in the country.

(d) The Government of India is implementing Second Phase of the National AIDS Control Programme which has two key objectives:

(1) To reduce the spread of HIV infection in India; and (2) to strengthen India's capacity to respond to HIV/AIDS on a long term basis.

The programme has five distinct components with specific strategies under each of them.

(i) Reducing the HIV transmission amongst poor and marginalized sections of the community at the high risk of infection, by (a) targeted interventions amongst marginalized sections of the society at the highest risk of HIV infection and transmission such as sex workers, transport workers, injecting drug users, men who have sex with men, migrant workers, industrial workers vulnerable to HIV infection, street children, slum population; (b) control of sexually diseases through syndromic management at the peripheral public health institutions and through outreach services; and (c) condom promotion to prevent the sextual transmission of HIV;

(ii) Reducing the spread of HIV amongst general population, which is perceived to be at a lower risk; by (a) reducing blood based transmission by modernizing the blood transfusion services in the country for greater availability and rational use of blood, by ensuing mandatory screening of HIV, Hepatitis 'B' and 'C, malaria and syphilis and by developing technical manpower; (b) Information, education and Communication campaigns to raise awareness levels; and (c) promotion of voluntary counselling and testing for HIV;

(iii) Strengthen the institutions responsible for implemention of the programme, by — (a) increasing the quantity, quality and timeliness of surveillance systems for HIV, sexually transmitted infections, behaviour patterns and social determinants in all parts of the country so as to enable evidence based planning and response; (b) improving technical and managerial capacity of State AIDS Control Societies for the effective implementation of the programme; (c) training of medical and para-medical personnel in management of HIV/AIDS patients; and (d) supporting high level peer reviewed competitive and rational Research and Development;

(iv) delivery of community based low cost care for people living with HIV/AIDS, by — (a) providing drugs for treatment of opportunistic

infections Including Tuberculosis; (b) antiretroviral post exposure prophylaxis to medical and para-medical workers in the event of an accidental exposure of HIV/AIDS while treating HIV/AIDS patients; (c) providing single dose Nevirapine to HIV positive pregnant mothers and her baby attending antenatal clinics in 6 high prevalence States namely Tamil Nadu, Andhra Pradesh, Karnataka, Maharashtra, Manipur and Nagaland; and (d) encoiirging people living with HIV/AiDS to form thier networks/ self help groups in order to facilitate care and support to people living with HIV/AIDS;

(v) Ensuring multisectrol collboration with public, private and voluntary sectors for a broad based response to the epidemic. Al present, over 700 targeted intervention projects in the country are being run through Non-Governmental Organisations. Besides, NGOs are being involved in running community care centers and school AIDS education programme.

The various Ministries/Departments like Defence, Railways, Labour, **Steel,** Sports and Youth Affairs, Women and Child Development, and Social Justice and Empowerment are implementing HIV/AIDS prevention and control programme in their respective sectors with the financial and technical support from National AIDS Control Organisation.

(e) No Sir. National AIDS Control Organisation does not find any vested interest behind the ill-advised report and the recently announced 100 million dollar grant by a foreign foundation.

Assistance for health care programmes

1245. SHRI S. S. CHANDRAN: Will the MINISTER of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of financial assistance for the Health Care Programmes Implemented by Government all over the country;

(b) whether Government are considering to increase financial assistance for those schemes implemented in the backward regions of the country;

(c) if so, the details thereof; and

(d) if not, the reasons therefor?